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CONFIRMATION NO. 9025

<b>SERIAL NUMBER</b> 10/619,253	<b>FILING OR 371(c) DATE</b> 07/15/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1635	<b>ATTORNEY DOCKET NO.</b> ISPH-0590US.P1
<b>APPLICANTS</b> Rosanne Crooke, Carlsbad, CA; Mark J. Graham, San Clemente, CA;  ** CONTINUING DATA ***** This application is a CIP of 09/918,187 07/30/2001 <i>TV</i> ** FOREIGN APPLICATIONS ***** <i>9/12/06</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 10/16/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>TV</i> Verified and Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 33
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 56907				
<b>TITLE</b> Antisense modulation of stearyl-CoA desaturase expression				
<b>FILING FEE RECEIVED</b> 1398	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	